number of each in	PLACE OF BIRTH  1. County of ACTIONA STATE BOARD OF HEALTH	
6	District of BUREAU OF VITAL STATISTICS State Index No. 99	
<b>출</b>	Town of Under ORIGINAL CERTIFICATE OF BIRTH County Registrar No.	
e n	or Local Registrar No.	
must be made for each, and the	City of	
	3. Sex of Child To be answered ONLY in event of plural 5. No., in order of birth 1 1 2 7 BL of births. 5. No., in order of birth 1 1 2 7 BL of birth 2 7 BL of birth 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	8. FATHER Daniel Dan Full maiden name Reta Robles	and the state of t
m .	0. Residence (Usual place of abode)  15 Residence (Usual place of abode)	
RETURN irth stated.	If non-resident, give place and state.	
134	10. Color or race	
12	11. Age at last birthday 35 (Years) 17. Age at last birthday 32 (Years)	
a SEPARA order of	12. Birthplace (city or place) Ballet as Son 18. Birthplace (city or place) (State or country) 1100 (State or country) Allay for Mex	
ŧ	13. Occupation 19. Occupation	
at a birth,	Nature of industry laborer Nature of industry housewife	·
n one child at	20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  (a) Born alive and now living to the certified and including this child.)  (b) Born alive but now dead to the certified and including this child.)  (c) Stillborn 21. Were precautions taken against ophthalmia neonatorum?	-
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.	
than	I hereby certify that I attended the birth of this child, who was (Born alive on stillborn.)	
e of more	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
n case	Given name added from	
u.	Month. day, year	ı
N. B	Registrar Filed 19 County Registrar.	
	109 - 52/-1772	

C

C